




THIRTY-FOURTH ANNUAL REPORT

OF THE

SUFFOLK LUNATIC ASYLUM.

DECEMBER, 1871.

1872.



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WALFORD, C. ESQ.

REPORT.

ON comparing the tabular statement of the admissions, discharges, and deaths of the patients last year with the numerical report of to-day, it appears that there have been

	Males.	Females.	Total.
Patients in the House, December 31, 1870.....	166	234	400
„ Admitted during 1871.....	56	77	133
	222	311	533
Discharged during 1871.....	M. 19	F. 41	Total. 60
Died „ „	22	27	49
	41	68	109
In the House this day	181	243	424
Admitted 12 more than last year.			
Discharged 13 less „ „			
Died 7 more „ „			
There are now 24 patients more in the House than on this date last year.			

It is satisfactory to be able to refer to the continued general health of the patients, and freedom from *actually* distressing occurrences ; though many have been admitted with determined suicidal dispositions, and the admissions have been more than ordinarily unfavourable throughout the year. The character of the Asylum, as of too many similar Institutions would seem in great measure to be losing very much of that philanthropic interest which it was intended by the legislature to convey in establishing them as hospitals for the insane poor. The number of almost baby idiots and patriarchal paupers is discouraging, and disheartening on each daily

visit. As some alterations, and required amendments of the Lunacy Laws are said to be in contemplation, it is imperative upon all who can speak from experience to press with continued urgency the necessity of removal of many in both these classes, either to the union house or to their relatives who ought to watch over them. The vast expense of extending and enlarging buildings, which would in many instances not be required, if the reception were limited to proper objects for an asylum, becomes in great measure useless; if hospital treatment is not secured: and this is almost entirely ignored by the admission of feeble imbeciles and dirty children, harmless, but incapable of cure. Recent cases are difficult enough to obtain under ordinary circumstances: and if the room which should be retained for them is occupied by inmates who might be kept clean by an indulgent mother or a tender nurse, the consequence will be that patients suffering from recent attacks must be refused.

The Scotch Commissioners express this opinion very strongly. They remark "the term insane is used in the Irish Commissioners Report, and probably also in the English Commissioners Blue Book, in a general sense, and applies indiscriminately to the idiotic and demented as well as to the lunatic classes, many of whom when they become a little troublesome to those in charge of them, are sent to asylums without any reference to their fitness for treatment in institutions for the insane, or consideration for the additional expenditure entailed upon the district, by placing persons in curative establishments who cannot properly derive any benefit therefrom, and who might be suitably provided for in the Union House."

It may be well to introduce here the notice of a patient who was admitted from a recent seizure of suicidal melancholia. It was a first attack of only six days duration. He was placed in an associated dormitory, watched over by the head attendant, ever close to his room. As the Assistant

Medical Officer Dr. Harris was passing through the wards at twelve o'clock at night, the man suddenly jumped up from his bed, broke through a glazed door, seized him violently by the throat, and nearly succeeded in doing him serious injury. The act was impulsive, but sufficiently alarming to un-nerve any man; and if Dr. Harris had not possessed more than ordinary presence of mind, such as it is difficult to imagine *untutored attendants* to possess, he might have received injuries which would have embittered his future life. Another patient who had long been suffering from chronic mania, with suicidal disposition, suddenly seized a coal from the copper of the bath room while *three* of the attendants were close by. In an *instant* more he threw the lighted coal on the curtains of an adjoining bed room, and ran upon them, and burnt his leg and thigh. It was well that all the attendants were close enough to extinguish the flame, and to save the patient from serious injury. Such unforeseen occurrences are very rare, and one's wits may be strained to distraction to prevent them; they will take place occasionally, and it was only through God's mercy that fearful injury to life did not result from the first outbreak, and that the House was not burnt down from the second. These patients are since dead from causes quite independent of these occurrences. The one sank from very *gradual*, and the other from *acute maniacal* exhaustion: they were painful instances of Mania and Melancholia alternating in their violence as from the highest flood tide to the lowest ebb. With these two exceptions the patients have gone on with their usual regularity and order.

It is the constant dread of such impulsive acts which makes the attendants' positions so painfully harassing: they must be considerate enough to bear abusive words, and never to return unprovoked blows, or they are totally unfit for their required duties. The most gentle and kind behaviour must be shown towards the irresponsible objects of

their care, and while it is desirable to avoid unmerited praise, it is equally needful to guard against indiscriminate *censure*. It is not easy to secure the services of faithful honest men: but when such from long taught experience know and perform their duties well, they deserve something beyond what Coleridge called "the cold suffrage of commendation." The Commissioners in Lunacy seem disposed to think that a better class of attendants might be secured by giving higher wages. In some few selected instances it might be so; but no augmented salary would make a harsh man tender-hearted, nor would any money bribe the naturally affectionate and kind, to do the act of a brute. It is most desirable if possible to avoid a change of attendants; it is always attended with some inconvenience, (as all changes in asylum management must be,) and the Superintendent has this year to express his regret that several have left whose services he would gladly have retained.

An attempt has been made to engage an attendant to sleep in an open dormitory where those who require night watching might be attended to, without disturbing the more quiet sleepers: it is somewhat experimental at present, the difficulty being to get an attendant to do it; but habit and association may overcome this reluctance.

The work done throughout the year has been constant as usual, but the loss of several of our energetic men has been seriously felt, and the truth of the assertion has been proved by their removal, that the inferiority of general intelligence was more than compensated to our advantage by the superiority of their technical skill. Well selected employment tends more to remove sadness from madness than all the variable agents in repute. The great value of what we call only amusements is their restorative power, and it is curious to notice the acknowledgement of this from some of the patients themselves. A man who takes great delight in elevating his voice in the singing class upon being asked where the higher

tones came from,—“oh, out of me” he replied with evident self-satisfaction, and delight.

The male patients this year spent a day of freedom, with their attendants at Bawdsey : they behaved respectably and well, while the pleasure it gave them was acknowledged by vociferous applause as they returned. They have had as usual their game of cricket twice a week joined in occasionally by visitors and neighbours. Two clergymen, friends of the Superintendent joined them to make the required eleven for one side, and the exultation was very great when a run was gained against those who were called the muscular Christians : to beat *them* was a triumph indeed. The Superintendent's birthday-treat organised by Dr. Harris and enjoyed in good old English style, was a great success, and their wish that he might live 100 years (of course by proxy) for their future enjoyment was most unmistakeably expressed. The female patients between thirty and forty had their usual excursion this year to Orford that they might escape the intrusion of strangers by which they were annoyed last year at Bawdsey. In addition to this treat, several of them were taken by an old and experienced nurse to London. They were taken care of at night, at the house of a relative, enabling them to go to the Crystal Palace on one day, and to the National Exhibition the next. One of the nurses who married an attendant and settled in London, expresses great delight at an expected visit from them, with the full assurance of their safety and provision for their comfort. Such indulgences for carefully selected patients are anticipative of a movement much contemplated at present by which they may enjoy the society of their relatives and friends occasionally at their own homes. On mentioning a similiar treat which they had some years ago to one of the late Commissioners, he said, “if you had told me of their coming, I would have met them.”

Several of the patients have received temporary allowance from the Crawford Fund, and the private benevolent Fund.

It has been the endeavour to keep the patients as much employed as possible throughout the year: the workers in the tailors' and shoemakers' rooms and the farm labourers have been *constantly* employed. Every faculty bodily or mental may be destroyed by disuse: and just as it is the business of moral education to develope the one, so every effort has been made to cheer the other; and some proof has been afforded of a salutary conjunction of the activity of body with the willingness of mind by the patients this year. A great deal of work has been done, which it is difficult in minutiae to particularise. Alterations and improvements have been made in the laundry department, and the drying rooms. Separate rooms have been made for the foul linen of the male and female patients. An old shoemaker's shop has been made into a comfortable bedroom to hold six patients; much of the old and worn out flooring has been replaced by new; water-closets have been reconstructed, bath-rooms have been improved, the old and decayed roof repaired where it was practicable without entire removal to do it, new chimney pots have been put up where the old ones were dangerous, and the *faulty* drains made free from unhealthy effluvia by the introduction of larger drain pipes; whitewashing and papering inside, and a great deal of painting has been done outside the House. A room at the back of the building has been completed to be kept in reserve in case any infectious or contagious disease should appear. Though the House has been singularly healthy for years past, it could never be considered safe without a place of separation from the general body. This room will hold six patients, with an attendant's room adjoining: its dimensions give 802 cubic feet of air to each patient.

A room has been fitted up for a convalescent patient who watches very carefully over the Farm. This with the rooms for the House Steward and the Engineer, will render the oversight secure at the back of the building at night.

The materials of the old brewhouse are being removed, and such of them as are likely to be made use of in the event of a new one being built, are preserved. The proposed alterations will make it available for the accommodation of between twenty and thirty females. The Steam Engine is being very cautiously and watchfully worked. The Engineer can only put on a pressure of 30 to the square inch; he wants 60 for the ordinary purposes of supply till the new boiler can be put up. When this is done it will be necessary to make the stages in the *well*, and their staves, secure. They have had nothing done to them for nearly 50 years: and it is hardly safe for the Engineer to depend upon them when he has occasionally to go down the well.

With acknowledgement of the valued services of the officers, the Assistant Medical Officer, the Steward, and the Clerk, the Superintendent in lingering over the close of his thirty-fourth Report, and his fortieth year of official servitude, is obliged to refer to, what is to *him* at any rate a very tender subject. He is an old man, and the house he has lived in so long an old house. It may be comparatively easy to keep the latter in repair; the former must feel, that changes which might not seriously disturb a young man, tell their tale sometimes painfully upon an old one. His desire has been, throughout the whole period of a lengthened service to act in accordance with those views so sensibly expressed by his colleague of the County Asylum in Essex, who says, "while he has laboured to exercise a wholesome economy in all its departments, to have felt it a duty to surround those who have been committed to his professional oversight, with such means and appliances as contribute to restoration of *mind*, rather than to consider the asylum only a place for cheap custodial care. A public institution for the treatment of the insane, should aim at nothing less than the improvement afforded by the increase of knowledge and the progress of science." In every official position in life, "one generation

goeth and another cometh." About thirty years is considered the average extent of a "generation" in a given sphere before it is all cleared off. That period has witnessed the loss by death or departure of almost every person connected with the Asylum, by suffering or by office, including but too many of the County Magistracy who ceaselessly supported the Superintendent in his earliest struggling efforts. But the good done is not "interred with their bones." It can never be effaced from the reputation of the Asylum, and whatever possible improvements and successes still greater in the future may be, the system of non-restraint was both scientifically asserted, and practically carried out, for 35 years : every year has accumulated proofs that that system of personal liberty instead of restraint, and kindness instead of fear and coercion, is the only true one for diseases of the brain as much as for the frailties of human nature. Once that system was far in advance of general opinion; *now* it is the only one tolerated. Other places more adapted to be sources of echoes may have given more publicity to this wise imitation of the Divine Model in all treatment of mankind, but the annals of this Asylum which date so far back, can only lose the remembrance of this *early* record of non-restraint, in its *universal* adoption; the particular be forgotten in the general. If the Suffolk Asylum from its antiquity forbids the introduction of many of those advantageous appliances which the *first* class asylums (recently built at great cost) possess, the Superintendent trusts from *his heart*, that it never will degenerate into one of a *second* class character. He must ever retain his attachment to the patients, and to the spot where the ashes of his family, and some of his faithful attendants, repose. A separation from them through any cause would be the source of the keenest anxiety. Indeed if it would not be considered indelicate or intrusive he would convey a feeling which it is difficult to express, of obligation to several of the patients, at a season of domestic sickness and sorrow. Many of them have been

urgent in their entreaties to be employed as night nurses, and one very old and attached patient has been incessant in her kindly care of one to whom, (though not officially connected with the Asylum,) all the household look up, with grateful affection. An association of more than half a century, the greater part of which has been spent under the same roof with the insane must have enabled the Superintendent to know not only a great deal *about* them, but a great deal *of* them; and this may have led him to embrace that somewhat morbid feeling which Mr. Canning attributed to those who could "behold the sun in his splendour without admiration, but when he fell into eclipse could go out with shouts and timbrels to adore him."

It only remains for the Superintendent to repeat what he has for so many years expressed before, thanks to the Committee for that undiminished support which has been given upon their part notwithstanding the many acknowledged deficiencies upon his.

JOHN KIRKMAN, M.D.



*Dr. Kirkman will be much obliged by receiving such
information as any relative or friend may be able to give
him of the state and condition of*

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within a few weeks after his discharge on the of

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TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1871.

	Male.	Female.	Total.
In the Asylum January 1st, 1871 -	166	234	400
Admitted for the first time during the year	39	52	91
Re-admitted during the year - - -	17	25	42
	56	77	133
Total under care during the year - - -	222	311	533
Discharged or removed—			
Recovered - - -	17	40	57
Relieved - - -	1	1	2
Not improved - - -	1		1
Died - - -	22	27	49
Total discharged and died during the year - - -	41	68	109
Remaining in the Asylum, 31st December, 1871, (inclusive of absent on trial—males and females) -	181	243	424
Average numbers resident during the year - - -	174	244	418

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1871.

	Male.	Female.	Total.
Persons admitted during the period of 43 years - - - -	1656	1958	3614
Re-admissions - - - -	155	188	343
Total of cases admitted - - -	1811	2146	3957
Discharged or removed—			
Recovered - - - -	Male. 750	Female. 1024	Total. 1774
Relieved - - - -	163	193	356
Not improved - - - -	19	22	41
Died - - - -	698	664	1362
Total discharged and died during the 43 years - - - -	1630	1903	3533
Remaining, 31st December, 1871 -	181	243	424
Average numbers resident during the 43 years - - - -	113	141	254

TABLE III.—Showing the Causes of DEATH during the year 1871.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - - -	1	2	3
Epilepsy and Convulsions - - - - -	3	1	4
General Paralysis - - - - -	2	2	4
Maniacal, gradual and melancholic ex- haustion or decay - - - - -	6	13	19
Inflammation and other diseases of the Brain, as softening, tumours, cancer, tubercle, effusion, &c. - - - - -	1		1
Atrophy of Brain - - - - -	2	1	3
THORACIC DISEASE :			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - - -	1		1
Pulmonary Consumption - - - - -	2		2
Disease of the Heart - - - - -	2	3	5
„ „ Spine - - - - -			
ABDOMINAL DISEASE :			
Inflammation of the Stomach, Intestines, or Peritoneum - - - - -			
Dysentery and Diarrhœa - - - - -			
Fever - - - - -			
Erysipelas - - - - -		1	1
Cancer - - - - -		1	1
General Debility and Old Age - - - - -	1	2	3
Suicide and Accidents - - - - -			
Arrhosis of Liver - - - - -	1	1	2
TOTAL - - - - -	22	27	49

TABLE IV.—Showing the Length of Residence in those Discharged RECOVERED and RELIEVED, and in those who have DIED during the year 1871.

Length of Residence.	Recovered and Relieved.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - - -	1	1	2	2	2	4
From 1 to 3 months -	3	6	9		4	4
„ 3 „ 6 „ - -	6	9	15	4	7	11
„ 6 „ 9 „ - -	3	7	10	2	1	3
„ 9 „ 12 „ - -	2	6	8	2	1	3
„ 1 „ 2 years - -	1	6	7	3	5	8
„ 2 „ 3 „ - -		1	1	2		2
„ 3 „ 5 „ - -		3	3	1		1
„ 5 „ 7 „ - -		1	1	2	1	3
„ 7 „ 10 „ - -	2		2	4	1	5
„ 10 „ 12 „ - -					2	2
„ 12 „ 15 „ - -					2	2
„ 15 „ 20 „ - -						
„ 20 „ 30 „ - -	1	1	2			
„ 30 „ 40 „ - -					1	1
TOTAL - - -	19	41	60	22	27	49

TABLE V.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with Admissions, for each Year

YEARS.	Admitted.			Discharged.							
				Recovered.			Relieved.			Not Impr.	
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.
From the opening of the Asylum to 31st Dec. 1864	1447	1667	3114	609	795	1404	133	159	292	17	23
1865 - - - -	61	60	121	26	30	56	6	5	11		
1866 - - - -	40	64	104	17	33	50	7	3	10		
1867 - - - -	55	70	125	20	29	49	2	1	3		
1868 - - - -	57	75	132	19	21	40	6	13	19		
1869 - - - -	45	62	107	18	36	54	4	8	12		
1870 - - - -	50	71	121	24	40	64	4	3	7	1	
1871 - - - -	56	77	133	17	40	57	1	1	2	1	
TOTALS (43 years) and Averages -	1811	2146	3957	750	1024	1774	163	193	356	19	23

TABLE VI.—Showing the History of the ANNUAL ADMISSIONS since the each Year remaining

Admitted.						Of each Year's Admissions Discharged and								
YEAR.	New Cases.		Relapsed Cases.		Total.	Recovered.			Relieved.			Not Improved.		
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
1864 -	1335	1548	111	120	3114	1	1	2						
1865 -	58	59	3	1	121		1	1						
1866 -	38	63	2	1	104		1	1						
1867 -	48	55	7	15	125	1	1	2						
1868 -	49	58	9	16	132									
1869 -	44	58	1	4	107		3	3						
1870 -	45	65	5	6	121	8	14	22	1		1			
1871 -	39	52	17	25	133	7	19	26		1	1	1		1
TOTAL.	1656	1958	155	188	3957	17	40	57	1	1	2	1		1

SUMMARY of the Total A

Per centage of Cases Recovered -
 „ Relieved
 „ Not Improved
 „ Dead -
 „ Remaining

mean Annual Mortality and the proportion of Recoveries per Cent. of the the opening of the Asylum.

Died.			Remaining 31st December, in each Year.			Average Numbers Resi- dent.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on Average Numbers Resident.		
Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.
533	491	1024	3794	4606	8400	3695	4476	8171	86	96	91	23.5	25.5	24.5
20	15	35	162	211	373	161	211	372	43	50	46.5	12	8	10
21	35	56	157	204	361	156	206	362	42	52	47	13	17	15
27	27	54	163	216	379	165	212	377	37	42	39.5	16	13	14.5
19	22	41	198	236	414	177	232	409	34	30	32	11	9	10
37	24	61	164	230	394	172	232	404	40	58	49	21	10	15.5
19	23	42	166	234	400	165	235	400	48	56	52	11	10	10.5
22	27	49	181	243	424	174	244	418	31	52	41.5	12	11	11.5
698	664	1362				4865	6048	10913						

g of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of e 31st December, 1871.

1871.		Total Discharged and Died of each Year's Admissions.												Remaining of each Year's Admissions 31st December.		
l.		Recovered.			Relieved.			Not Im- proved.			Died.					
	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
7	13	632	843	1475	143	173	316	17	22	39	575	519	1094	77	110	187
	1	27	28	55	6	5	11				21	15	36	7	12	19
		15	26	41	6	2	8				18	27	45	4	9	13
		19	27	46	2	1	3				23	29	52	8	16	24
	1	20	28	48	2	4	6				20	30	50	15	13	28
2	4	10	26	36	2	7	9				20	18	38	13	11	24
9	13	20	27	47	2		2	1		1	10	20	30	17	24	41
9	17	7	19	26		1	1	1		1	8	9	17	40	48	88
7	49	750	1024	1774	163	193	356	19	22	41	695	667	1362	181	243	424

	Males.	Females.	Mean of both Sexes.
- - -	41.42	47.72	44.57
- - -	9.00	9.00	9.00
- - -	1.04	1.02	1.03
- - -	38.54	30.94	34.74
- - -	10.00	11.32	10.66
	100.00	100.00	100.00

DIET TABLE, December 31, 1871.

DAYS OF THE WEEK.	BREAKFAST.				DINNER.								SUPPER.													
	Males.		Females.		Males.				Females.				Males.				Females.									
	Bread	Gruel	Bread	Gruel	Cooked Meat	Bread	Vegetables	Beer	Suet Pudding	Soup	Cooked Meat	Bread	Vegetables	Beer	Suet Pudding	Soup	Bread	Butter	Cheese	Tea	Beer	Bread	Butter	Cheese	Tea	Beer
Sunday	7 oz.	1½ pt.	6 oz.	1 pt.	6 oz.	7 oz.	¾ lb.	¾ pt.	1 lb.		5 oz.	6 oz.	½ lb.	½ pt.	1 lb.		8 oz.	¾ oz.	1½ oz.	¾ pt.	¾ pt.	7 oz.	¾ oz.	1½ oz.	½ pt.	1½ pt.
Monday	7	1½	6	1			¾	¾	1		5	6	½	½	1		8	¾	1½	¾	¾	7	¾	1½	½	1½
Tuesday	7	1½	6	1	6	7	¾	¾			5	6	½	½			8	¾	1½	¾	¾	7	¾	1½	½	1½
Wednesday	7	1½	6	1	6	7	¾	¾			5	6	½	½			8	¾	1½	¾	¾	7	¾	1½	½	1½
Thursday	7	1½	6	1	3	7	¾	¾		1½	3	6	½	½		1	8	¾	1½	¾	¾	7	¾	1½	½	1½
Friday	7	1½	6	1	6	7	¾	¾		1½	5	6	½	½			8	¾	1½	¾	¾	7	¾	1½	½	1½
Saturday	7	1½	6	1	3	7	¾	¾		1½	3	6	½	½		1	8	¾	1½	¾	¾	7	¾	1½	½	1½
Total	49	10½	42	7	30	42	3	3¾	1	3	26	36	2	2½	1	2	56	2¼	6	2¼	3	49	2¼	6	1½	2

The Gruel is made in the following proportions, *viz.*:—10lbs. of Groats to 6 gallons of Milk for 100 Patients. Soup is thickened with Peas, Pearl Barley, Rice, and Vegetables. Tea 1lb. Sugar 4lb. Milk 3 gallons for 100 Patients. The Patients employed, both Males and Females, have full generous diet. Dietetic regulations are subject to Medical opinion.